



# Ministry of Education

National Resource Centre for Inclusive Education

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## Medical Examination Form

*This form must be completed by a Medical Doctor*

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Head circumference: \_\_\_\_\_

Are you the family Physicians:  Yes  No

Do you see this patient:  Regularly  Seldom  Not at all

Sex:  Male  Female  
 Race:  Creole  Mestizo  Oriental  Garifuna  East Indian  Other

Posture:  Good  Fair Scoliosis  Lordosis  Kyphosis  
 Gait:  Normal  Abnormal  
 Skin:  Normal  Abnormal  Moist  Rash  
 Head:  Symmetrical  Asymmetrical  
 Hair:  Normal  Fine  Coarse  Dry

Eyes:  Normal  Nystagmus  Strabismus  
 Exophthalmos  Enophthalmos

Eardrums:  Normal  Injected  Dull  Perforation  
 Nose:  Normal  Abnormal  
 Tonsils:  Present  Absent  
 Enlarged  Scarred  Infected  
 Chest:  Clear  Rhonchi  Wheezing  
 Heart:  Normal  Enlarged  Murmurs

Neck:  Supple  Resistant to flexion  
 Lymph Nodes:  Normal  Enlarged  
 Thyroid:  Palpable  Not palpable

Abdomen:  Normal  Abnormal  
 Hernia:  Absent  Present  
 Location: \_\_\_\_\_

Genitalia:  Normal  Anomalies

Extremities:  Movement Symmetrical  Limited  Paralysis

